

**Statement of Organization  
Recipient Committee**

(Government Code Sections 84101-84103)

922038

Type or Print in Ink.

SEE INSTRUCTIONS ON REVERSE

File original and one copy of this form with:

Secretary of State  
Political Reform Division  
P.O. Box 1467  
Sacramento, CA 95812-1467

And, if applicable, file one copy of  
this form with:

The city or county officer, if any, who  
receives the committee's original  
campaign disclosure statements.

39

**Amendment**

☐ Check box if an Amendment  
and enter I.D. number:

**Date qualified as**

**Committee:** (Month, Day, Year)

☒ Check box if not yet qualified

**Date Stamp**

RECEIVED  
AND FILED  
In the Office of the Secretary of State  
of the State of California  
AUG 6 1992  
MARCH FONG EU, Secretary of State

STATEMENT OF ORGANIZATION

CALIFORNIA  
1991 FORM 410

A For Official Use Only

RECEIVED

AUG 18 1992

REGISTRAR OF VOTERS  
SAN JOAQUIN COUNTY

**I Committee Information**

NAME OF COMMITTEE:

Committee to Elect Steve Mann

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

17580 N. Hillside Drive

COUNTY:

San Joaquin

CITY

Lodi

STATE ZIP CODE  
CA 95240

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 648

CITY

Lodi

STATE ZIP CODE AREA CODE/PHONE NUMBER  
CA 95241 209-368-6274

**II Treasurer and Other Principal Officers**

NAME OF TREASURER:

Robert A. Rocha

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

17580 N. Hillside Drive

CITY

Lodi

STATE ZIP CODE  
CA 95240

AREA CODE/DAYTIME PHONE  
209-333-8052

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S):

MAILING ADDRESS (IF DIFFERENT THAN COMMITTEE'S)

CITY

STATE ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

**III Controlled Committee**

Is this committee controlled by an officeholder, candidate, or state measure proponent? (See definition and important information on reverse.)

☒ Yes (Complete the following) ☐ No

- If this committee is controlled by an officeholder or a candidate, list the name of the controlling officeholder or candidate, the elective office sought or held, and district number, if any. If this committee is controlled by more than one candidate, list the name of each controlling candidate.
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

Stephen J. Mann

Member of Lodi City Council (being sought)

Attach additional information on appropriately labeled continuation sheets.

You must complete the Verification on Page 2.

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

State of California Fair Political Practices Commission

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Page 2

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NAME OF COMMITTEE

Committee to Elect Steve Mann

**IV Broad Based Committee** (See definition and important information on reverse)

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: (Month, Day, Year) \_\_\_\_\_

**V Sponsored Committee** Is this a sponsored committee? ☐ Yes ☐ No (See instructions on reverse for definitions and rules regarding a sponsored committee's name.)

If yes, provide name and address of sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR

ADDRESS OF SPONSOR

NO. AND STREET

CITY

STATE

ZIP CODE

**VI Primarily Formed Committee** If primarily formed to support or oppose specific candidates or measures, list specific candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT	OPPOSE
SUPPORT	OPPOSE

**VIII Disposition of Surplus Funds** You must specify what disposition will be made of surplus funds in the event of termination.

donation to Hutchins Street Square Foundation

**IX Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-31-92 At Lodi, CA  
DATE CITY AND STATE

Executed on 7-31-92 At Lodi, CA  
DATE CITY AND STATE

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By Robert A. Bocha  
SIGNATURE OF TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent